

## SIDE BY SIDE COMPARISON

	COUNTY REIMBURSEMENT PLAN	SUN LIFE VISION INSURANCE PLAN
	Choose any doctor you want	VSP network doctor: <a href="http://www.vsp.com">www.vsp.com</a>
EMPLOYEE ONLY	\$5.00 per month	\$7.39 per month
	Eye exam: reimbursed at 50%	Annual Eye Exam: \$10 copay
		Routine retinal screening: \$39 copay(or less)
		Contact Lens Exam(Fitting & evaluation): \$60 copay
	1 pair of glasses or 12 month supply of contacts each year: reimbursed at 50%	1 pair of glasses per 24 months: \$130 allowance, then 20% discount
	maximum benefit: \$300 per year	Lenses: \$25 copay per 12 months *Lens enhancements have additional copays
		Contact lens allowance: \$130 per year
	*Can choose glasses OR contacts to be covered, not both	*Can choose glasses OR contacts to be covered, not both. Discounts available for additional items
EMPLOYEE PLUS SPOUSE or EMPLOYEE PLUS CHILD(REN)	\$10.00 per month	\$15.52 per month
	Eye exam: reimbursed at 50%	Services per person on plan
		Annual Eye Exam: \$10 copay
		Routine retinal screening: \$39 copay(or less)
		Contact Lens Exam(Fitting & evaluation): \$60 copay
	1 pair of glasses or 12 month supply of contacts each year: reimbursed at 50%	1 pair of glasses per 24 months: \$130 allowance, then 20% discount
	maximum benefit: \$300 per year per person or \$600 per year per family	Lenses: \$25 copay per 12 months *Lens enhancements have additional copays
		Contact lens allowance: \$130 per year
	*Can choose glasses OR contacts to be covered, not both	*Can choose glasses OR contacts to be covered, not both. Discounts available for additional items
FAMILY= EMPLOYEE, SPOUSE AND CHILD(REN)	\$19.00 per month	\$23.65 per month
	Eye exam: reimbursed at 50%	Services per person on plan
		Annual Eye Exam: \$10 copay
		Routine retinal screening: \$39 copay(or less)
		Contact Lens Exam(Fitting & evaluation): \$60 copay
	1 pair of glasses or 12 month supply of contacts each year: reimbursed at 50%	1 pair of glasses per 24 months: \$130 allowance, then 20% discount
	maximum benefit: \$300 per year per person or \$600 per year per family	Lenses: \$25 copay per 12 months *Lens enhancements
		Contact lens allowance: \$130 per year
	*Can choose glasses OR contacts to be covered, not both	*Can choose glasses OR contacts to be covered, not both. Discounts available for additional items

